

Ministry of Health

COVID-19 Guidance: Hospice Care

Version 1 – May 4, 2020 (amended May 7, 2020)

This guidance provides basic information only. It is not intended to take the place of medical advice, diagnosis, treatment, or legal advice.

In the event of any conflict between this guidance document and any orders or directives issued by the Minister of Health or the Chief Medical Officer of Health (CMOH), the order or directive prevails.

- Please check the [Ministry of Health \(MOH\) COVID-19 website](#) regularly for updates to this document, Reference Document for Symptoms, mental health resources, and other information.
- Please check the [Directives, Memorandums and Other Resources](#) page regularly for the most up to date directives.

Hospice Care

- Hospices provide palliative and/or end-of-life care to improve the quality of life for patients and their families facing life-threatening illness, in both residential settings and in the community/home. It is recognized that providing end-of-life care may be especially challenging during the current COVID-19 pandemic. All efforts should continue to be made to support patients as well as their families during these difficult times.
- This document is directed at palliative and end-of-life care that is provided in a residential hospice setting (“hospice”). Palliative and end-of-life care provided in hospitals, long-term care homes or through home care should follow the guidance developed for those settings.
- Visitors should not be permitted in hospices, except for essential visitors.
 - Essential visitors include a person performing essential support services or a person visiting a patient nearing the final days of their life.
- Hospices offering community support services have largely navigated to virtual delivery of these programs and should continue to do so, to reduce the potential

risk of COVID-19 transmission between patients and hospice staff. Respite stays should be cancelled.

- Physical distancing, hand hygiene (washing hands or using hand sanitizer) and respiratory etiquette (coughing or sneezing into sleeve/bend of arm) should be reinforced to all staff and essential visitors and patients, if applicable.
- Environmental cleaning is particularly important for COVID-19 and should follow Ontario PIDAC Best Practice Guidance, including [Best Practices for Prevention, Surveillance and Infection Control Management of Novel Respiratory Infections in All Health Care Settings](#) and [Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings](#).

Screening

Passive Screening

- As part of routine measures, signage should be visible and remind all persons in the hospice to perform hand hygiene regularly and follow respiratory etiquette.
- [Signage](#) should indicate signs and symptoms of COVID-19 and steps that must be taken if COVID-19 is suspected or confirmed in a staff member, essential visitor or a patient. A list of COVID-19 symptoms, including atypical symptoms, can be found in the [COVID-19 Reference Document for Symptoms](#).

Active Screening for Staff and Essential Visitors

- Hospices should instruct all staff to [self-monitor](#) for COVID-19 at home. All persons visiting the hospice should be made aware of signs and symptoms of COVID-19 infection, as listed in the [COVID-19 Reference Document for Symptoms](#).
- Hospices should conduct active screening for COVID-19 symptoms of all staff and essential visitors entering the hospice. Symptom screening should include twice daily assessments (at the beginning and end of the visit or shift), including temperature checks. Additional precautions for essential visitors are outlined below.
 - If paramedics and/or emergency personnel need to enter the hospice in an emergency situation, they should be permitted entry without screening.
- If an essential visitor is admitted to the hospice, precautions should be taken. These include:

- Being screened on entry for symptoms of COVID-19 and not being admitted if they show any symptoms of COVID-19.
- Being screened for any contact with a suspected or confirmed COVID-19 case in the past 14 days (other than the patient they are visiting in the hospice if the patient is COVID-19 positive).
- The essential visitor should confirm that they are not experiencing any of the typical or atypical symptoms.
- The essential visitor should only visit the one patient they are intending to visit, and no other patient.
- The essential visitor should wear a mask for the duration of their time in the residential hospice.
- For any essential visitor in contact with a patient in the residential hospice who has COVID-19, appropriate personal protective equipment (PPE) should be worn ([see IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#)).
- Hospices should have a screener at the entrance who is able to conduct screening during business hours and change of shift. Outside of these times, the hospice's manager/administrator should develop processes and procedures to ensure that all persons entering and exiting the hospice are screened and visits are logged. These procedures are to be applied seven days a week and 24 hours a day.
 - Staff who conduct screening at entrances should ideally be behind a physical barrier (e.g., plexiglass) to protect from droplet and contact spread or stand at least 2 metres (6 feet) away from an individual. Where screening can not occur behind a barrier or must involve contact with a resident, a medical/surgical mask and eye protection are recommended when screening staff and essential visitors at the door, alcohol-based hand rub, tissue, and lined no-touch waste basket or bin should be available.
 - The visitor's name, contact information and patient they visited should be collected to facilitate follow-up in case an outbreak/case is detected.

Active Screening for Current Patients

- Hospices should conduct active screening of all patients, at least twice daily (at the beginning and end of the day) to identify if any patient has symptoms of COVID-19, including temperature checks. Patients with symptoms (including mild respiratory symptoms or atypical symptoms) should be isolated and tested for COVID-19. For a list of typical and atypical symptoms, please refer to the [COVID-19 Reference Document for Symptoms](#).

Active Screening for Patient Admissions

- Hospices should screen new admissions for symptoms and potential exposure to COVID-19. All new patients, regardless of their testing status should be placed in a single room under [Contact and Droplet Precautions](#) for 14 days upon admission to the hospice. Staff and essential visitors entering the room, should take appropriate precautions.
- If testing was not done prior to admission, the patient should be tested as soon as possible, and within 14 days of admission. If test results are negative, the patient should remain in isolation under [Contact and Droplet Precautions](#) for 14 days from arrival.
 - Patients to be transferred from a hospital to a hospice should be tested, and results received, prior to transfer.
 - For patients waiting to be transferred from the community to a hospice, their primary care provider should arrange to have them tested prior to admission.
- Hospices may admit a patient at their discretion once the patient's test result is known.
- A negative result does not rule out the potential for incubating illness and all patients should remain under [Droplet and Contact Precautions](#) for a 14-day isolation period following transfer.

Positive Screening: What to do

- Staff and essential visitors who have symptoms compatible with COVID-19 should not be allowed to enter the hospice.
- They should go home immediately to self-isolate and complete Ontario's [self-assessment tool](#). If required, they should go to an Assessment Centre for testing.

- Patients with symptoms of COVID-19 must be isolated under [Droplet and Contact Precautions](#) and tested.
- Staff should provide care to patients with suspect or confirmed COVID-19 using the precautions outlined in [Directive #1 for Health Care Providers and Health Care Entities](#), as well as Public Health Ontario's [IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#).

Testing for COVID-19

- Testing should be conducted on every symptomatic patient and staff member in the hospice as outlined in the [COVID-19 Provincial Testing Guidance Update](#) document. A list of symptoms, including atypical signs and symptoms, can be found in the [COVID-19 Reference Document for Symptoms](#).
- Hospices should collaborate with local health system partners to determine the most appropriate way to have symptomatic patients tested.

Reporting of Positive Screening

- COVID-19 is a designated disease of public health significance (O. Reg. 135/18) and thus reportable by certain institutions under the [Health Protection and Promotion Act](#) (HPPA).
- Where an institution is required to report suspected or confirmed cases of COVID-19 under the HPPA, staff should contact the [local public health unit](#) to report a patient who has or may have COVID-19. The [local public health unit](#) will provide specific advice on what control measures should be implemented to prevent further spread and how to monitor for other possible infected patients and staff members.

Occupational Health & Safety

Staff Exposure/Staff Illness

- All staff who have been **advised** to [self-monitor](#) for 14 days from an exposure should notify with their supervisor.
- All staff who are **required** to [self-isolate](#) should not come to work. Anyone with symptoms compatible with COVID-19 should not come to work, should get

tested, and should report their symptoms to their manager/supervisor. Staff responsible for occupational health at the hospice should follow up on all staff who have been advised to self-isolate.

- Staff who test positive for COVID-19 should notify their manager/supervisor.
- If COVID-19 is suspected or confirmed in a staff member, return to work should be determined in consultation with their health care provider and the [local public health unit](#). Detailed general occupational health and safety guidelines for COVID-19 are available on the MOH [COVID-19 website](#).

Personal Protective Equipment

- Hospices should follow the precautions outlined in [Directive #1 for Health Care Providers and Health Care Entities](#).

Mask Use for Source Control

- Staff and essential visitors should wear a mask for the duration of full shifts or visits in the hospice. This helps with source control of COVID-19 transmission from staff or essential visitors who are asymptomatic.
- Staff may remove their mask during breaks but must remain at least two metres away from others to prevent any potential transmission of COVID-19. Hospices should have written procedures, instruction, and training for staff on mask use and storage (e.g., how to wear and remove a mask).

Limiting Work Locations

- Wherever possible, hospice employers should work with staff to limit the number of work locations that staff are working at, to minimize risk to patients and other staff of exposure to COVID-19.

Cleaning and Disinfecting

- In addition to routine cleaning, all frequently touched surfaces (high-touch surfaces) should be cleaned and disinfected twice a day and when visibly dirty. These include but are not limited to doorknobs, hand rails, light switches, telephones, and computer equipment (refer to [Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings](#)).
- Patient-contact surfaces (i.e., areas within 2 metres of the person who has screened positive) should be disinfected as soon as possible (refer to [PIDAC Routine Practices and Additional Precautions in All Health Care Settings](#) for more information about environmental cleaning).

Appendix: Summary for Active Screening for Residential Hospices

	Staff and Essential Visitors Entering the Hospice	Current Patients of the Hospice	Patient Admissions to the Hospice
Who does this include?	Staff working at the hospice, a person performing essential support services and a person visiting a patient in their final days.	Patients currently living in the hospice.	Patients newly admitted.
What are the screening practices?	<p>Conduct active screening twice daily (at the beginning and end of the day) to identify any symptoms as listed in the COVID-19 Reference Document for Symptoms, including temperature checks.</p> <p>In addition, the essential visitor* should:</p> <ul style="list-style-type: none"> • Be screened for any contact in the past 14 days with either a suspect or confirmed COVID-19 case. • Confirm that they are not experiencing any of the typical or atypical symptoms. • Only visit the one patient they are intending to visit, and no other patient. • Should wear a mask while they are in the hospice. • Wear appropriate PPE if they have contact with a patient who has COVID-19 (see IPAC Guidance). 	<p>Conduct active screening of all patients, at least twice daily (at the beginning and end of the day) to identify any symptoms, including temperature checks and atypical symptoms, as listed in the COVID-19 Reference Document for Symptoms.</p>	<p>Screen all new admissions for potential exposure to COVID-19 and identify any symptoms, including temperature checks and atypical symptoms, as listed in the COVID-19 Reference Document for Symptoms.</p> <p>Discretion should be used whether new patients/referrals who test positive should be admitted to the hospice.</p> <p>Place all new patients in self-isolation for 14 days on arrival at the hospice regardless of a negative COVID-19 test result.</p>
What if someone screens positive?	Staff, essential visitors, and those attempting to enter the hospice who are showing symptoms of COVID-19 should not be allowed to enter and should go home immediately to self-isolate and be tested for COVID-19.	Patients with symptoms of COVID-19 must be placed under Droplet and Contact Precautions in a single room and should be tested.	

*Essential visitors include a person performing essential support services or a person visiting a patient nearing the final days of their life. Requirements for active screening of visitors excludes emergency first responders who should, in emergency situations, be permitted entry without screening.